

**CITY OF DUNCAN
BOARDS AND COMMISSIONS
APPLICATION FOR APPOINTMENT**

NAME: _____

ADDRESS: _____

PHONE: _____

Please consider my name for appointment to the following Board(s) or Commission(s).

Airport Commission ____ Airport Zoning Board ____ Board of Adjustment ____ City Council ____

Duncan Industrial Authority ____ Duncan Emergency Medical Services Board ____

Duncan Regional Hospital Board ____ Duncan Regional Hospital Board of Trustees ____

Lakes Commission ____ Library Board ____ Planning Commission ____

Parks & Recreation Advisory Board ____ Waurika Master Conservancy District ____

I have lived in Duncan for:

____ 1-5 years

____ 5-10 years

____ 10-15 years

____ 15-20 years

____ 20-25 years

____ More than 20 years

Background:

I feel I would be an asset to the above Board or Commission because:
